

EVIDENCE OF PROPERTY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

Robert E. Mickelson (651) 636-9952
 888 W County Rd D Ste 202
 New Brighton, MN 55112 (128/073)

This is evidence that the company indicated has the following insurance in force and conveys all the rights and privileges afforded under the policy.

This certificate does not amend, extend or alter the coverage afforded by the policies listed.

Insured's Name and Address

Walton Village Condominium Owners Association
 c/o Axis West
 PO Box 881930
 Steamboat Springs, CO 80487

Policy Number 05-XV0450-01
Effective Date (MM/DD/YY) 4/1/2019
Expiration Date (MM/DD/YY) 4/1/2020 *

PROPERTY INFORMATION

PROPERTY LOCATION Steamboat Springs CO 80487	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #) 160 Unit Condominium Association
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COVERAGES

Personal Lines - Property				Farm/Ranch Lines		Business Insurance	
Policy Type				Policy Type		Policy Type	Form
<input type="checkbox"/> HO 1	<input type="checkbox"/> HO 5/GS	<input type="checkbox"/> MH 1	<input type="checkbox"/> DP 01	<input type="checkbox"/> FR 02	<input type="checkbox"/> FR MH 01 (GA)	<input checked="" type="checkbox"/> Businessowners	<input type="checkbox"/> Named Peril
<input type="checkbox"/> HO 2	<input type="checkbox"/> HO 6	<input type="checkbox"/> MH 3	<input type="checkbox"/> DP 02	<input type="checkbox"/> FR 03	<input type="checkbox"/> FR MH 03	<input type="checkbox"/> Business Key	<input type="checkbox"/> Basic
<input type="checkbox"/> HO 3	<input type="checkbox"/> CV 1	<input type="checkbox"/> MHGS	<input type="checkbox"/> BO	<input type="checkbox"/> FR 04		[] Property	<input type="checkbox"/> Broad
<input type="checkbox"/> HO 4	<input type="checkbox"/> CV 3			<input type="checkbox"/> FR 05		[] Inland Marine	<input checked="" type="checkbox"/> Special
Amount of Insurance				Amount of Insurance		Amount of Insurance	
Cov. A Dwelling	\$ _____	Cov. A Dwelling	\$ _____	Building	\$ 17,407,410		
Cov. B Pers. Property	\$ _____	Cov. B Pers. Property	\$ _____	Bus. Pers. Property	\$ 15,816		
Cov. B Other Struct. (Fire & E.C.)	\$ _____	Sec. III Pers. Prop. Blanket	\$ _____	Other	\$ _____		
Cov. C Pers. Prop. (Fire & E.C.)	\$ _____	Sec. III Schedule	\$ _____				
Boatowners - Sect. I	\$ _____	Sec. IV Outbldgs.	\$ _____				
Other	\$ _____	Other	\$ _____				
Deductible	\$ _____	Deductible Sec. I	\$ _____	Deductible-Bldg.	\$ 5,000		
		Deductible Sec. III	\$ _____	Deductible-Bus. Pers. Prop.	\$ _____		
		Deductible Sec. IV	\$ _____	Deductible	\$ _____		

REMARKS (Including Special Conditions/Endorsements)

GUARANTEED REPLACEMENT COVERAGE, "ALL IN", NO EXCLUSIONS FOR IMPROVEMENTS & BETTERMENTS, SPECIAL FORM, BLANKET COVERAGE, \$2,000,000 PER OCCURRENCE/\$4,000,000 AGGREGATE LIABILITY, \$1,000,000 DIRECTORS & OFFICERS LIABILITY, \$250,000 CRIME & FIDELITY (PROPERTY MANAGEMENT COMPANY IS NAMED AS ADDITIONAL INSURED), \$300,000 SEWER BACK-UP PER BUILDING, INCLUDES LAWORDINANCE COVERAGE, SEVERABILITY OF INTEREST, & INFLATION GUARD.

EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION

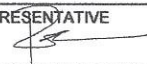
EFFECTIVE DATE - Date additional interest is added.

RENEWAL OF COVERAGE / CANCELLATION - This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions.

*The Expiration Date is changed to read "UNTIL CANCELLED".

ADDITIONAL INTEREST NAME AND ADDRESS

NATURE OF INTEREST

LOAN NUMBER	
<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Loss Payee <input type="checkbox"/> _____
DATE ISSUED	AUTHORIZED REPRESENTATIVE 

TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.